



Flexible scope for ISO 17025 and ISO 15189 testing laboratories

PS11

1 Introduction

The purpose of this document is to describe INAB policy for ISO/IEC 17025 and ISO 15189 accredited testing laboratories wishing to implement and maintain a management system capable of controlling a flexible scope of accreditation.

Laboratories are accredited based on a defined (fixed) scope of accreditation. This fixed scope document provides the laboratory and other interested parties with a detailed list of the tests and/or examinations for which the laboratory has been accredited.

Any changes/additions to this scope normally require an INAB evaluation (extension to scope) before the change is implemented and before the results can be reported as accredited.

This flexible scope policy defines the INAB process which enables an accredited laboratory to report as accredited, within defined criteria, results of tests and/or examinations not currently on their defined (fixed) scope of accreditation. This process can be completed without prior approval from INAB. The use of a flexible scope will not reduce the validation/verification requirements for the laboratory in any way.

2 Scope of application of the document

This policy statement applies only to ISO/IEC 17025 and ISO 15189 testing laboratories.

The policy does not apply to:

- Testing subcontracted by the laboratory.
- Calibration laboratories.
- Testing laboratories that may be renovating, expanding, relocating equipment or facilities (see PS32).
- Accreditation of opinions and interpretations.

3 Definition of scope parameters

A laboratory's scope of accreditation consists of the following parameters:

- INAB scope element/classification system*
This refers to the classification system for all testing and calibration laboratories as available in the CRM portal document library.
- Materials/products/specimens tested*
This is the material/product or specimen (types of matrices) to which a test method is applied.
- Test/property measured/range of measurement*

This is the measured parameter/property of materials tested and may include the range of measurement over which accreditation is awarded.

d) Method principle/techniques used

This is the technique underlying the performance of the test/examination. Examples are: atomic absorption, high-pressure liquid chromatography, enzyme immunoassay, microscopy, PCR, cultural enumeration and detection techniques, etc.

e) Equipment (may not be specified on all scopes)

This describes the type of equipment, name of the equipment and supplier, and kit and reagent information where applicable.

f) SOP/standard specification

This is a reference to the laboratory procedure used in the testing/examination. The SOP may be based on a regional/sectoral, national or international standard method, or a method developed in the laboratory (in-house method).

g) Location

The location where the testing occurs (See CRM-FS-14).

4 Flexible Scope Categories

It is INAB policy to award flexible scope in one/some/all of the following categories only:

- **Range of measurement may be extended for the test**
- **New parameters/tests may be added**
- **New matrices may be added**
- **Changes to equipment/kits where the underlying methodology does not change**

5 Validation/Verification of Changes

The laboratory shall have a process in place to determine whether a validation or verification process for the changes should be completed for any flexible scope changes, taking into account any regulatory requirements that may apply to the testing. In either case the requirements in the appendices of this document will apply (Appendix A, B and C).

6 Flexible scope

1. A flexible scope of accreditation means that a laboratory may claim accreditation; without prior approval by INAB, for testing not currently included in the defined (fixed) scope of accreditation. This change may lead to a permanent change to the defined scope of accreditation or it may apply to a single task or event.
For example; temporary equipment in use, analysis in connection with a particular disease outbreak posing a public health risk etc.
2. A testing laboratory may operate a flexible scope when the particular change;
 - a) Utilises a technique that has been previously assessed and accredited by INAB and is included in the laboratory's current scope of accreditation;
 - b) Is within the same scope classification, scientific discipline and utilises the same technique (see 3 (d));
 - c) Ensures the use of kits and/or equipment are within the manufacturer's instructions (where applicable).

3. A Flexible scope does not apply to any change in location of the conformity assessment activity. All locations of the CAB involved in the additional or modified conformity assessment activity have been previously declared to INAB and identified on the defined (fixed) scope of accreditation. CABs shall maintain a List of accredited activities conducted under their flexible scope. The purpose of the “list” is to provide up-to-date transparency of the application of the flexible scope and shall be made publicly available. The additional or modified conformity assessment activity shall not be included in the “list” if it involves new locations of the CAB until INAB has added the locations to the accreditation information referenced in clause 7.8.1 of ISO/IEC 17011:2017.
4. *The following points of note shall be read in conjunction with point 6.2 of this document and shall apply to all relevant types of test laboratories.*
 - a) The term ‘technique’ as referred to in section 3 (definition of scope parameters) encompasses all parts of the process including sample preparation, extraction, analysis and detection. A significant change in any part of the process is considered a change in ‘technique’ and requires an extension to scope application to INAB;
 - b) It is unlikely that a change in organism could be considered under flexible scope as there are normally significant changes to conditions of the test, detection techniques etc. Changes within species of organisms / strains of viruses could be considered as part of flexible scope. Please contact your INAB assessment manager if you wish to clarify any particular proposed changes;
 - c) Initial accreditation for testing Category 3 organisms are excluded from the flexible scope and would require an INAB assessment. Please see PS3 (Example *E. coli* 0157);
 - d) For ISO 15189 histopathology laboratories, the addition of any special stains or specialist areas requires an extension to scope application to INAB;
 - e) Flexible scope does not apply when a change from manual to automated systems is proposed, even if the underlying technique is unchanged;
 - f) Flexible scope will apply to equipment upgrades only if there is no change to the underlying measurement/detection technique (see PS32);
 - g) For blood transfusion laboratories, this testing is governed by EU directives and agreements with the Health Protection Regulatory Authority (HPRA). These laboratories may operate flexibility in cases of changing kits, sample and matrix types, and ranges where appropriate. Addition of new tests is not permitted (category 2);
 - h) Techniques such as next generation sequencing/whole genome sequencing are excluded from flexible scope at present;
 - i) Where tests have been suspended (either voluntarily by the CAB or by INAB), they cannot be reinstated using flexible scope. INAB needs to be satisfied that the conditions leading to suspension have been adequately addressed to reinstate the test to the scope of accreditation. The normal extension to scope process applies.
 - j) In the case of PCR testing, the following also applies:
 - Addition of strains of the same organism is permitted using the flexible scope providing there is no change to the technique.
 - If a lab is accredited for commercially-available kits it may add on another commercial kit for another organism, providing there is no change to technique.
 - Change from qualitative to quantitative techniques is not permitted for an existing accredited method, even if underlying technique is the same.
 - Additional sample matrices can be added providing they are within manufacturers’ specifications.
 - k) CE marked/kit-based methods, used within the manufacturer’s specifications and without variation, in the area of PCR testing may be included as part of the flexible scope system.

In-house developed methods in the area of PCR testing shall not be part of a flexible scope system.

7 Requirements for laboratories applying to INAB for a flexible scope of accreditation

1. A flexible scope of accreditation can be applied for as an extension to scope request, at the earliest following the laboratory's first successful surveillance visit after the laboratory's initial award of accreditation in a particular scientific discipline. Please use the extension to scope process through CRM.
2. In its application, the laboratory shall detail the departments/scientific disciplines in which flexible scope is being applied. It may apply for a single discipline (e.g. chemistry only), technique (e.g. mass spectrometry only), change in range of measurement only, change of matrix only, etc. It may also apply for the entire suite of accredited testing.
3. The laboratory shall designate the person(s) with responsibility for managing and implementing the flexible scope system. These individuals are considered key personnel, and any changes shall be notified to INAB, as they occur. A deputy shall be designated for this key role also.
4. The laboratory shall also document the process to be followed on receipt of applications for tests/examinations that are within the range of the laboratory's flexible scope, but not previously carried out by the laboratory. Minimum requirements for this documented process are defined in Appendix A.
5. The laboratory shall document the validation/verification process, suitable to the extent and technical nature of the categories for which it requires a flexible scope. Requirements for this documented process are defined in Appendix B, as it applies to flexible scope.
6. The records associated with Appendices A and B shall be sufficiently detailed so as to allow internal and external audits evaluate the process that has been followed and the decision taken, including cases where a test could not be approved as accredited. These records must provide evidence that all the actions required by the laboratory prior to approval were effectively completed before the issue of an accredited test report. Please note: validation/verification can be concurrent with testing, provided it is completed before the test report is issued. The potential risk of this may be assessed individually by each laboratory.
7. Additional tests/examinations for which the laboratory claims accreditation via its flexible scope, since the last INAB surveillance visit, shall be listed in a document held by the laboratory. This document will be the 'List of flexible scope changes' for a particular time period: e.g. 2024. This list is controlled and updated by the laboratory on an ongoing basis and shall be submitted by the laboratory prior to each assessment visit. Minimum requirements for such a template are in Appendix C. The list shall be made publicly available.
8. The "List of flexible scope changes" is submitted to INAB as an extension to scope prior to each assessment visit.
9. The flexible scope system shall be subject to internal audit by the laboratory and shall also be reviewed as part of the laboratory's management review. These records will be reviewed at INAB assessments.

8 Application process for a flexible scope

1. CRM-FS-20 describes the process to follow when applying for an extension to scope for a flexible scope. A CAB can apply for a flexible scope on their existing scope on the CRM via the CRM portal. A minimum of six months' notice is required for INAB to organise such an assessment.

2. Laboratories are also requested to provide the following information with the application:

- a) A description of the reason and justification for applying for a flexible scope;
- b) A list of the person(s) responsible for the flexible scope system within the laboratory and a brief description of their competence and experience;
- c) The documented process that the lab will follow on receipt of applications for tests within the flexible scope (Appendix A);
- d) A practical example of an extension to scope under the flexible scope system, for each technical area for which flexible scope is sought;
- e) The CAB's contract review procedure detailing how it processes a request which is within the boundaries of its flexible scope, but where the activity has not been undertaken before (i.e. not on the List).
- f) Records of the laboratory's own internal audit completed as evidence of conformity with this policy document.

9 Initial assessment visit for flexible scope

1. The initial assessment of flexible scope will be an on-site visit which will be completed as part of a scheduled surveillance visit to allow input from the technical assessors. Additional time for the lead assessor (minimum of 0.5 days) will be required for this initial assessment on site. Thereafter, assessment of the flexible scope system and 'List of flexible scope changes' will normally be incorporated into the normal surveillance activities of INAB.
2. Requirements outlined in appendices will be assessed, at a minimum, during the visit.
3. The INAB assessment manager will update the scope of accreditation indicating the areas within the scope where the flexible scope of accreditation has been awarded. The areas are termed "notes".
4. The flexible scope is defined according to "notes". These notes shall be displayed at the end of the scope document for reference and used throughout the scope document to define where flexible scope has been awarded on a test/technique basis.
5. The last page of the scope document should include the following note:
"The laboratory has been awarded flexible scope in the scope classifications as noted in the scope document and in accordance with the laboratory's approved and documented procedures".

Note 1 - Range may be extended for the test

Note 2 – New parameters/tests may be added

Note 3 – New matrices may be added

Note 4 – Changes to equipment/kits where the underlying methodology does not change

For further details please refer to the laboratory's 'List of flexible scope changes', available directly from the laboratory.

6. The INAB team, as per the normal process, may recommend award of accreditation for a flexible scope and this will be presented to the INAB manager for decision.

10 Maintenance of accreditation

1. At each surveillance visit, the implementation and effectiveness of the controls established by the laboratory for the management of the flexible scope will be examined. If a laboratory has made significant use of their flexible scope between INAB visits, additional time may be needed by the assessment team to evaluate these changes. This will be decided on a case by case basis with the assessment manager.

2. The laboratory shall refer to INAB policy statement PS10 for flexible scope documentation to be supplied to INAB in advance of a surveillance visit. Prior to the annual surveillance visit, the laboratory shall submit an extension to scope application via the CRM portal titled **“List of flexible scope changes_Reg No_Year”**. **This will be assessed during the visit.**
3. If INAB is satisfied that the flexible scope system in the laboratory has managed the changes effectively then the tests/examinations outlined in the list of flexible scope changes are then added to the laboratory’s fixed scope of accreditation.
4. INAB reserves the right to revoke the laboratory’s authority to operate a flexible scope, should it be discovered that the laboratory has not maintained its management system, or that controls have not been effectively implemented resulting in the inappropriate authorisation of tests/examinations as accredited. Should this occur, the laboratory is required to inform its clients (including any relevant regulatory authorities) that the laboratory no longer operates a flexible scope of accreditation.

11 References

- EN ISO/IEC 17025:2017, “General requirements for the competence of testing and calibration laboratories”.
- I.S. EN ISO 15189:2022, "Medical Laboratories - Particular requirements for quality and competence".
- EA-2/15M 2023, "EA requirements for the Accreditation of Flexible Scopes".
- EA-4/17M 2022, "Description of scopes of accreditation for medical laboratories".
- ILAC-G18: 04/2024, “Guideline for describing Scopes of Accreditation “
- PS1, INAB Policy on Proficiency Testing.
- PS15, Guide to Method Validation for Quantitative Analysis in Chemical Testing Laboratories.
- PS24, Minimum verification requirements for Verification for ISO17025 and ISO15189 accredited laboratories.
- PS10, Submission of documentation in advance of an INAB assessment visit.
- PS32, Policy on laboratory refurbishments/renovations, the movement of laboratory equipment and new laboratory equipment (ISO 17025 & ISO 15189).
- ISO/IEC 2017
- ISO 17011:2017, “Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies (ISO/IEC 17011:2017)

Contact

For further information about this policy please contact an assessment manager at The Irish National Accreditation Board.

Phone: (01) 6147182

E-mail: inab@inab.ie

Website: www.inab.ie

Appendix A - Minimum requirements for the documented process to be followed within the laboratory on receipt of applications for tests/examinations that are within the range of the laboratory's flexible scope.

This documented process shall ensure the following items are clearly defined and recorded:

- I. The responsibility for the flexible scope system within the laboratory.
- II. Identification of suitably qualified and experienced personnel to complete verification/validation and testing.
- III. Confirmation that suitable equipment, equipment capacity and consumables are available for completion of the specific test(s). (Subcontracting is not permitted)
- IV. The final authorisation for the decision on whether the new test or change in test method can be added to the list of flexible scope changes.
- V. If a particular test / change in test method is requested by a client, they, when appropriate, shall be informed of the following:
 - a. The implications (e.g. turnaround time, price, etc.) of the request for this test
 - b. That there is a possibility that the laboratory will not be able to issue accredited test results depending on the outcome of the verification/ validation procedures.

Appendix B - Minimum requirements for a documented validation/verification process suitable to the extent and technical nature of the categories for which the laboratory holds a flexible scope.

- i. Should the validation/verification process result in the conclusion that the laboratory is not in a position to issue accredited test reports, the laboratory must conduct an investigation to ensure that adequate corrective action is taken, where deemed necessary by the laboratory. Further corrective action may not be required in instances where the laboratory has decided not to progress and the client is satisfied with such an outcome.
- ii. The validation/verification process may consist of a general procedure together with more detailed procedures for specific classification groups or parameters.
- iii. The laboratory could establish different degrees of validation/verification. The process may be more extensive in the case of a new matrix added to an existing suite, or an upgraded piece of equipment, while it would be less extensive in the extension of the analytical range of an already accredited method.
- iv. Successful participation in proficiency testing (PT) scheme(s) is normally required during validation/verification of a change in method, test parameter, etc. If a PT is unavailable or unavailable in a timely manner, then the requirements of **PS1** shall apply.
- v. The laboratory shall document when it would/would not consider it necessary to demonstrate successful participation in an appropriate PT scheme before reporting a result as accredited. This shall be assessed by the INAB team during the initial assessment for flexible scope.
- vi. Results from PT participation may not be required in some instances, before test results are reported as accredited. Examples include:
 - a. Change in range, kit change, reagent change
 - b. Sample dilution/concentration steps
 - c. Additional sample matrix where the PT for a particular test is independent of the matrix. Note: where there is a specific PT for matrices available, then the laboratory should participate before the testing is reported as accredited.

Appendix C - List of flexible scope changes for any particular year

INAB scope classification		Test/assay name	Specimen type	Technique	Equipment	SOP	Description of change and date
							Enter details of the change. Possible examples below:
							Change of range
							Change of kit
							Addition of new test
							Change of dilution in test method
							Upgrade of equipment